ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4

O FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the perol director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

he hospital or attending physician.

O HOSPITAL OR

M

LIA / E	6	452	CERT	IFICA	TE OF DEAT	H		Reg. Dist	. No.	
1. PLACE OF DEATH o. COUNTY	T. MARYS		MAR	YLAND	2. USUAL RESIDENCE (NO. STATE MARY	Where deceased	d lived. If instituti b. COUNTY		before o	
b. CITY OR TOWN (RURAL and give n	outside corporate limi earest town RIDGE	ls, write	c. LENGTH OF STATE		C. CITY OR TOWN (I		rote limits, write R	URAL ond giv	ve nearest	tawn]
d. NAME OF HOSPI' OR INSTITUTION	TAL (If not in hospital, g RURAL	ive street	address)		d. STREET ADDRESS RUR	AL				RESIDENCE DN A FARM? ES NO
3. NAME OF DECEASED (Type or print)	ALICE	st	Middl DAIS		BAYNE	4. DATE OF DEATH	FEBRUAR'	Y 22	Day	Year 19 60
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARR	ED NEVER MARK		DATE OF BIRTH	3,1879	9. AGE (In years last birthday) 81 yrs.			UNDER 24 HRS ours Min.
100. USUAL OCCUPATH during most of wor HOUSEWIF 13. FATHER'S NAME	king life, even if retired	1	KIND OF BUSINESS		RY 11. BIRTHPLACE (STO MARYI 14. MOTHER'S MAIDEN	AND	ountry)	12. CITIZ	USA	VHAT COUNTR
15. WAS DECEASED EVE	EORGE M.	CES? 16.	NON SOCIAL SECURITY N	O. 17. IN	ANN MA	RIA Y	ATES	ress		
	ATH [Enter only one co ATH WAS CAUSED BY: IMMEDIATE CAUSE (a DUE TO	, Ce	ne for (a), (b), and (c		CLYDE E	BAYNE -	- RIDGE	MARY	ONSET .	AL BETWEEN AND DEATH
Conditions, if a gove rise to i couse (a), stoting lying couse lost.	inmediate DUE TO)	CONTRIBUTING TO D	EATH BUT N	T discus	MINAL DISEAS	E CONDITION GIV	VEN IN PART	/5 L	Jeans WAS AUTOPSY
PART II. OT	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY	OCCURRED.	(Enter nature of injury i	in Port t or Por	t 11 of item 18.)			ERFORMED? S NO
20c. TIME OF INJUI Hour o.m. p. m.	RY Month, Doy, Ye	or 20d. II While of wor	NURY OCCURRED Not while at work	20e. PLAI focts	DE OF INJURY (Home, footy, street, office bldg., e	erm, 20f. (City	or tawn)	(Co	ounly)	(State)
21. I certify the clive on	hat I offended the	deceas 19_(_	occurred of 7.5	ADDRESS (S	treet, city or lown,	ond on the	e date s	
PHYSICIAN'S NAME (Type)	P.J. BEA	N,	MD		GREA GREA	T MIL	LS, MD.			/ 23/ 00
220. BURIAL, CREMATIC REMOVAL (Specify BURTAL	2/24/		The state of the state of	METERY OR	S CEMETERY	R	TION (City, town, of IDGE, M	D.		(State)
23. FUNERAL DIRECTOR		T TON	ADDRESS	BALATO		C'D BY REGIST	TRAR 24b. REGI	STRAR'S SIGN	Trace	A

TO FUNERAL DIRE

			2	
10/F/0 - 1/12 10/P/49				
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- Brysni Hughs 12	many state	H=8001	Bullet of Landson Spin	
	The second of the second			

o. STATE

Maryland

c. LENGTH OF STAY IN 16

MARYLAND

St. Mary's

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town)

b. COUNTY

funeral director,	M

PLACE OF DEATH

St. Mary s

b. CITY OR TOWN (If outside corporate limits, write

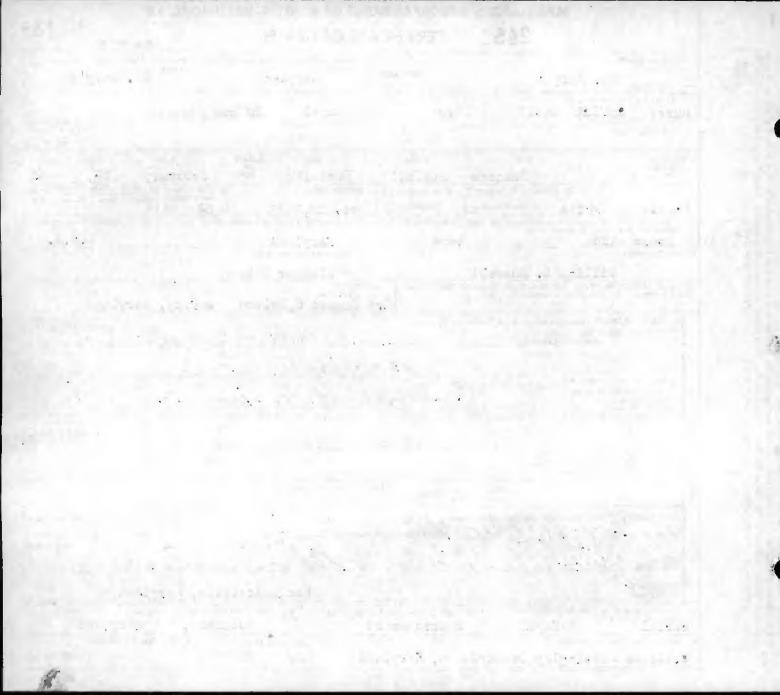
executed within 24 hours

death certificate be

ATTENDING PHYSICIAN: The law requires that the by the haspital or attending physician. TO HOSPITAL F moy be retain TO FUNERAL DIX **VS A15**

15M 9/

	Rumel	and give ne	arest lown)	Abell		Life		X Rural	0343	XX Abel	1		
	d. NAME OR IN	OF HOSPITA	AL (If not i	n haspital, g	ive street ad	dress)		d. STREET ADDRES	\$			Ol	RESIDENCE N A FARM?
3	NAME OF			Fir	st	Midd	dle	Lost	4. DATE	Mo	nth	Day	Year
	(Type or p			F	rance	s Russ	ell	Bostwick		Februa	ry	17,	1960
1	5. SEX		6. COLO	OR RACE	7. MARRIE	D NEVER MAI	RIED 🔲 B.	DATE OF BIRTH		9. AGE (In years last birthday)	- I		NDER 24 HRS.
L	Femal	е	White	Э	WIDOWED	DIVOR	CED 🔲	Nov. 12,18	75	8 4 yrs	Monnis	Doys Hou	irs Mun,
1	Oa. USUAL	OCCUPATIO	N (Give ki	nd of work o	done 10b. KI	ND OF BUSINESS	OR INDUSTR	Y 11. BIRTHPLACE (S	tate or foreign	country)	12, CITIZ	EN OF WHA	AT COUNTRY?
		se wit	_			home		Maryla	nd			U.S	5.A.
1	3. FATHER'S	NAME						14. MOTHER'S MAIDE	EN NAME				
ı		W:	illia	m L. F	Russel	1		Eleano	r Gibsc	n			
ī	5. WAS DEC	CEASED EVER	R IN U. S. A If yes, give we	ARMED FOR	CES? 16. SC ervice)	CIAL SECURITY		MATY		Abel/Add			
ŀ								Gentrie B,	Nelson	Onletey	Mary.		
1					use per line	for (o), (b), and ((c).]	1)	1 .	1 . 1		ONSET A	ND DEATH
ı		PART I, DEA	IMMEDIAT	E CAUSE (o)	(14)	Len	orelles	orie	Cardu	1	10	you
ı	4	+2=	2./	DUE TO	•		1100 -1		1 .				
ı		tions, if or) (b	1		vanc	ulai o	use	all			43
l	couse (rise to it o), stating to ouse lost.		DUE TO)	Gara	dia	rular o	rufe	usate	m	1d	1
)	CATION	PART II. OTH	ER SIGNIF	CANT CON	DITIONS CO	NTRIBUTING TO	DEATH BUT N	OT RELATED TO THE TI	ERMINAL DISEA	SE CONDITION GI	VEN IN PART	PE	AS AUTOPSY RFORMED?
- 1	U AIF EITH	CIDENT WA ITRIBUTING ER, NOTIFY	S UNDERLY CAUSE MEDICAL E	OF DEATH	20b. DESCR	IBE HOW INJURY	OCCURRED.	(Enter nature of injury	y in Port I or Po	rt II of item 1B.)	P		
		or o.m.	Y Month,	Doy, Yes	While	Not while	20e. PLAC Focto	E OF INJURY (Home, ry, street, affice bldg.,	form, 20f. (Ci , etc.)	y or town)	(C	ounty)	(State)
П	21. 1 0	ertify. th	at I atte	nded the	deceased	fram_ /	72-	19.50, ta	F26-	1960	that I las	it saw the	e deceased
1	alive	7	26/	VI	(39 L	_ / 7	at death o	ccurred at 5		the causes a			
ŀ			14	1	9	11		6/	APP	Street, city or town		10	DATE SIGNE
1	ACTUAL	URE	16	y,	en	1 her	М.	D. /1/4	eli6	wico	we	180	
1		1	de	1	1								
	PHYSICI NAME (Type)						Mec	hanicsv	ille, Ma	ryland		
2	220. BURIAL,		N. 22b. D.	ATE THEREC	of .	22c. NAME OF CE	METERY OR	CREMATORY	22d. LOC.	TION (City, town,	or county)	(Stote)
1	Buria	(Specify)	2	/22/60		Sacred	Heart		Bus	hwood,	Mar	yland	
2	3. FUNERAL	DIRECTOR'S	S SIGNATU	RE		ADDRESS		240.	REC'D BY REGI		ISTRAR'S SIG		
	W.Cla	rke M	attin	gley I	Leonar	dtown, M	arylan	d DATE	FEB	2 4 '60	نىيىن . رىپ	1 S. Pin	ush,
E													



death. Page 4

VS A1S (4) 15M 9/58

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

02438

		SANA CEN	IIIICAI	L OI DEAL			Reg. Dist. f	No.	
1. PLACE OF DEATH	Mary's	M	ARYLAND 2	usual residence (v	Where deceased	lived. If institution b. COUNTY	St. Ma:		sian)
b. CITY OR TOWN (III RURAL ond give no Leonar	f outside corporate limits, w	rite c. LENGTH OF ST		c. CITY OR TOWN (I	f autside carpore		JRAL and give	nearest taw	n)
	AL (If not in hospital, give:		S.	Kural	Leons	rdtown		le pre	NOTE ICE
OR INSTITUTION		y's Hospita	1	d. STREET ADDRESS				ON	SIDENCE A FARM? NO
3. NAME OF DECEASED (Type or print)	J ohn	Philip	ddle C]	last na. se	4. DATE OF DEATH	Mani Febr	h ruary :	Day	Year 19 60
s. sex Male	0.3	MARRIED NEVER MA		March 12,18		P. AGE (In years last birthday)	IF UNDER 1 YE Months Day		ER 24 HRS Min.
10o. USUAL OCCUPATIO during most of work rarmer	ON (Give kind of work dane ling life, even if retired)	106. KIND OF BUSINES	S OR INDUSTRY	Oraville			U.S.		COUNTRY
13. FATHER'S NAME	2 4	<u></u>	Ī	4. MOTHER'S MAIDEN		*			
	James Chase		- 1	Rosie Jac	kson				
	R IN U. S. ARMED FORCES'		0	ormant y Catherine	Chase	Addi Leonardi		arylar	nd
Canditions, if or gave rise to it couse (a), stating lying cause last.	mmediate (DUE TO	Wrabetic	-	OT RELATED TO THETER	MINAL DISEASE	CONDITION GIV	EN IN PART I(o	1) 19. WAS	AUTOPSY
PART II. OTH 200. ACCIDENT WA OR CONTRIBUTING UP EITHER, NOTIFY	S UNDERLYING 20b	. DESCRIBE HOW INJUR	Y OCCURRED. (Enter noture of injury i	n Part I ar Part	II of item 18.)			ORMED?
OR CONTRIBUTING	MEDICAL EXAMINER)								
Y 20c. TIME OF INJURY Hour a.m., p. m.	10	20d. INJURY OCCURRED While Not while It work 5t work	20e. PLACE foctor	OF INJURY (Hame, fa y, street, affice bldg., e	orm, 20f. (City onlc.)	ar tawn)	(Coun	ly)	(State)
21. I certify the alive an ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	all attended the de	10	hat death as	1966, 10 courred at 6 1 Lens		he causes and the causes are caused as the cause and the causes are caused as the cause are caused as the cause are caused as the caused a		ate state	
22a. BURIAL, CREMATIO BREMOVAD (Specify)	N, 226. DATE THEREOF 2/26/60	ZZC. NAME OF C St. J	emetery or coseph s	REMATORY		on (City, town, o	or county)	(Sta Md	
23. FUNERAL DIRECTOR'S	SSIGNATURE	ADDRESS		24a. RE	C'D BY REGISTR	AR 24b. REGIS	TRAR'S SIGNA	TURE	
W. Clarke Ma	ttingley Leo	nardtown, Me	aryland	DATE	FEB 26'	60 C	Irthur S. 1	trans	

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TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours ofter death. If any delay is accessary, please executed the content of the c

or removal.

VS. A15ME(5) 5M 9/55

	Item 9 Film G25	58 3/11/60 iwk Reg. Dist. No.						
7	1. PLACE OF BEATH S. COUNTY St. Mary's MARYLA	2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission) o. STATE Maryland b. COUNTY St. Mary's						
!	b. CITY OR TOWN (If outside corporate limits, write RURAL ond give recreat lewn). Patuxent River	/ IN 1b V. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) 730-D MEMQ, Naval Air Station						
,	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) Station Hospital, U.S. Naval Air Stati	IST AND A SARIAS						
	3. NAME OF DECEASED John Frederick Cordum Middle Graph of Print Cordum	Loss 4. DATE Month 28 Day Year 60						
	5. SEX Male Caucasian Nowed Divorced D	September 2, 1921 38 Months Days Hours Min.						
	10a. USUAL OCCUPATION (Give kind of wark done 10b. KIND OF 8USINESS OR IN during most of warking life, even if retired) AVIATION MACHINIST U.S. Navy	III. BIRTHPLACE (State or foreign country) Illinois U.S.A.						
	John Frederick E. Cordum	14. MOTHER'S MAIDEN NAME Hulda Perrottet						
1	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 1/15 to prive pro or dolps of service) Les 1942/1960	730-D MEMQ, USNAS, Patuxent River, Maryland						
	18. CAUSE OF DEATH [Enter only one cause per time for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) OUE TO	E, GUNSHOT, RIGHT TEMPORAL THANSATATE						
	Candilians, If any, which gave rise to immediate cause (a), stating the underlying cause last. (b)							
2	CATE	TH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO						
,		GUNSHOT, RIGHT TEMPORAL, SELF INFLICTED						
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. 1729 * Mix 28 Feb 1960 at wark at work 12	20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (State) Foctory, street, office bldg., efc.) USNAS, Patuxent River, Md						
	21. I certify that I took charge of the remains described above, held on Autopsy . Inspection . Inquiry . and find death resulted from Natural couses . Accident . Suicide . Homicide . Undetermined couse . J. H. MILLER III, LT MC USNR, STATION HOSP., USNAS, PATUXENT RIVER MD. CHIEF MEDICAL EXAMINER.							
	EXAMINER'S NAME (Type) Wm. D. BOYD, MD	ASSISTANT MEDICAL EXAMINER February 28, 1960 DEPUTY MEDICAL EXAMINER						
	22a. BURIAL, CREMATION, REMOVAL (Specify) 3/7/60 22c. NAME OF CEMETERS	PERY OR CREMATORY 22d. LOCATION (City, tawn, or county) (State) Beaverton, Oregon						
	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE						
	Pegg and Paxson Beaverton, Oregon	on DATE MAR 7 '60 Orthur S. Frank						

THE RESIDENCE OF THE PARTY OF T 7 7 7 = 10 Level State of the A CONTRACT OF THE PROPERTY OF No Figure 2 and the Control of the C .

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 2455

CERTIFICATE OF DEATH

02438

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attending physician and campletely filled in by the Tuneral direction and 2 should be filled

ENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs of

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1. PLACE OF DEATH

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

Reg. Dist. No.

St. M	ary s		MARYLA	ND	"Ma'ryland		b. COUNTY	St.	Mary	S	
b. CITY OR TOWN (If or RURAL and give neare DUSHWOOD	est town) _ e	, write	c. LENGTH OF STAY IN	1ь	c. CITY OR TOWN (IF	autside carp UShWOO		URAL and	give ne	arest town	1)
d. NAME OF HOSPITAL OR INSTITUTION	(If not in haspital, giv	ve street	address)		d. STREET ADDRESS					-	FARM?
3. NAME OF DECEASED (Type or print)	riest nnie		Middle Elizabeth	Co	Lost untess	4. DATE OF DEATH	Mar 2	nth	20		Year 1960
s. sex 6.		7. MARR	DIVORCED	□ ,	ug. 15, 189	90	9. AGE (In years Just birthday) yrs.	Months	Doys	Haurs	ER 24 HRS Min.
10c. USUAL OCCUPATION during most of working House Wife 13. FATHER'S NAME	(Give kind af wark do life, even if retired)	one 10b.	houe		Maryland 14. Mother's Maiden		country)		I.S.		OUNTRY
Richard B					Sophie Ar	mstron	-				
15. WAS DECEASED EVER IN (Yes, no, or unknown) (If y	N U. S. ARMED FORC es, give wor or dales of ser		SOCIAL SECURITY NO.		y Thomas (D	aught	er) Add	ress Jushwo	od.	Md.	
	WAS CAUSED BY: MEDIATE CAUSE (o)_ DUE TO	se per lin	(a), (b), and (c).]	no	uitis	ali:				ERVAL BE	
gave rise to imm cause (a), stating the lying cause lost.	ediate (ar	brish	lei	Candin	von	& lle	eri			
CATIC	SIGNIFICANT COND	ITIONS C	ONTRIBUTING TO DEATH	H BUT NO	OT RELATED TO THE TERM	INAL DISEA	SE CONDITION GIV	VEN IN PA	RT 1(a)	PERFC	AUTOPSY DRMED?
200. ACCIDENT WAS LOR CONTRIBUTING (IF EITHER, NOTIFY ME	CAUSE OF DEATH	ROb. DES	CRIBE HOW INJURY OCC	URRED. (Enter nature af injury in	Part I ar Pa	rt (I af item 18.)				
20c. TIME OF INJURY Hour a. m. p. m.	Manth, Day, Year	20d. It While at war	Nat while		OF INJURY (Hame, farr y, street, affice bldg., etc		y ar tawn)		(County)		(State
21. I certify that	attended the	deceas	1 1		1857, to 3		20, 1960	that I li			

may be retained the haspital ar attending physician. page 3 shauld be detached far use the registrar priar to burial,

as the burial-transit

PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATION, REMOVAL (Specify) DUITAL 22b. DATE THEREOF 2/22/60

22c. NAME OF CEMETERY OR CREMATORY
Sacred Heart

22d. LOCATION (City, town, or county)
Bushwood, Maryland.

Mechanicsville, Maryland

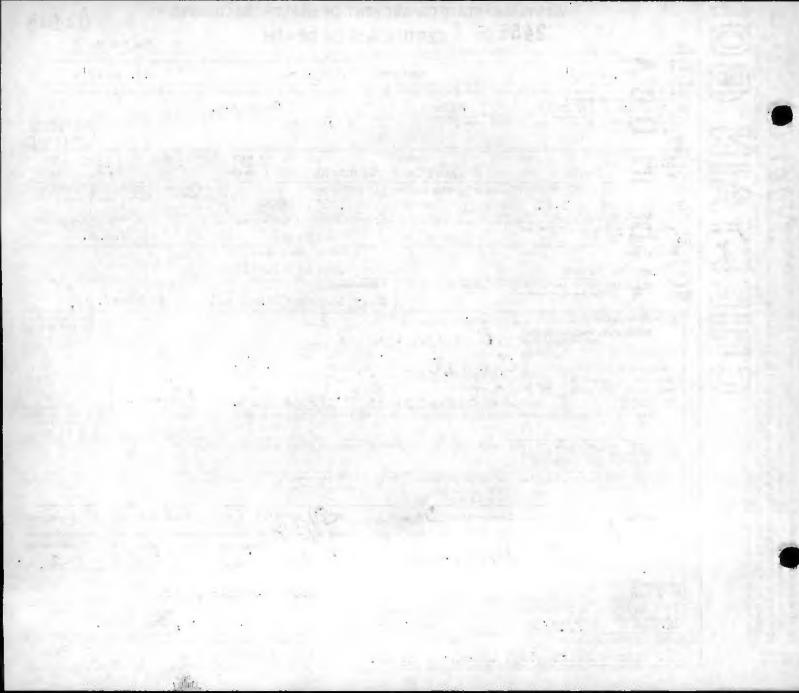
23. FUNERAL DIRECTOR'S SIGNATURE

ACTUAL SIGNATURÍ

W. Clarke Mattingley, Leonardtown, Md.

24g, REC'D_BY REGISTRAR FEB 2 4 '60 24b. REGISTRAR'S SIGNATURE

TO HOSPITAL O VS A15 (4) 1SM 9/58



97.20 CEDTIEICATE OF DEATH

02439

	6657	TIE OF DEATI	Reg	Reg. Dist. No.			
	1. PLACE OF DEATH	2. USUAL RESIDENCE (W			sidence before	e admissian)	
	o. COUNTY St. Mary's	MARYLAND	o. STATE Marvl		. COUNTY	t. Marv	1 a
	b CITY OR TOWN (If guiside corporate limits, write c.	LENGTH OF STAY IN 16	c CITY OR TOWN (If		nils, write RURAL		
	RURAL and give has been related to whe -Rural Mechanics ville-	DOA	X Rural	Mechanics	willa		
	d. NAME OF HOSPITAL (If not in hospital, give street addr	ess)	d STREET ADDRESS	MODIFIELD	ATTTO	9	. IS RESIDENCE
1	St. Mary's Hos	pital	/				YES NO
	3. NAME OF First DECEASED	Middle	Last	4. DATE OF	Month	Day	Yeor
	(Type or print) Leonard	Thomas	Dixon	DEATH Fe	bruary	15,	19 60
	5. SEX 6. COLOR OR RACE 7 MARRIED	NEVER MARRIED	B DATE OF BIRTH	Leol	E (In years IF UI birthdoy) Mor		Hours Min
V	Male White WIDOWED	DIVORCED _	Dec. 11. 191	1 48	yrs.	Duys	Tiours min
Л	10a USUAL OCCUPATION (Give kind of work done 10b. KINI during most of working life, even if retired)	D OF BUSINESS OR INDUS	STRY 11. BIRTHPLACE (State	or foreign country)	1:	2. CITIZEN OF	WHAT COUNTRY?
	Merchant & Farmer			Marv	land	U.S.	A -
	13. FATHER'S NAME		14. MOTHER'S MAIDEN	NAME			
	Floyd Dixon		Marthalene	Johnson			
	15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOC (Yes, no, or unknown) [[If yes, give wor or dotes of service)	IAL SECURITY NO. II	NFORMANT		Address		
		34-6300 PI	vllis G.Dixo	n Mechani	csville.	Marvle	nd
	18. CAUSE OF DEATH [Enter only one couse per line fo			/ /		INTE	VAL BETWEEN
	PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a)	40 ruliz se	tran eson	heres!	UZVICE	CLIONS	AND DEATH
	LOIA DUE TO	10					
	C /	in basis	At lives	,			
	gove rise to immediate	1	0/ / /				
	couse (o), staring the under-					}	
	, (c)	TRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	IINAL DISEASE CON	DITION GIVEN IN	N PART 1(a) 19	WAS AUTOPSY
١	ATIO						PERFORMED?
	20g. ACCIDENT WAS UNDERLYING 1 20b. DESCRIBI	E HOW INJURY OCCURRED). (Enter nature of injury in	Part I or Part II of i	item 18.)		
	PART II OTHER SIGNIFICANT CONDITIONS CONT 200. ACCIDENT WAS UNDERLYING 20b. DESCRIBI OR CONTRIBUTING 2 CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		, , , , , , , , , , , , , , , , , , ,				
		Y OCCURRED 20e. PL	ACE OF INJURY (Home, fare	m, 20f. (City or tov	ent	(County)	(State)
	Hour a.m. 10 While	Nat while for	tory, street, affice bldg., etc	E.)	,	(000),	(2.2.0)
	p. m. 19 at work	of work	10	= 1/1/	/3		
	21. I certify that I attended the deceased		, 19.77, to	<u> </u>	1994hat	I last saw	the deceased
	alive an	, and that death	accurred at3/_	_M, from the c			
	11/1/5 2	. /		ADDRESS (Street, c	ity or town, state)	DATE SIGNED
	SIGNATURE CON WORL	une	M.D. ,				71/6
	PHYSICIAN'S Leuy Berui						
	NAME (Type) J. Roy Guyther	1. D.	Mechanic	<u>sville, M</u>	aryland		
	PEMOVAL (Specify)	c. NAME OF CEMETERY O	R CREMATORY	22d LOCATION (City, lown, or cou	unty)	(Stote)
	Burial 2/18/60	St. Joseph's	3	Morganza			yland
	23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	240 REC	B 2 3 60	24b. REGISTRAF	S SIGNATUR	
	W. Clarke Mattingley Leonard	town, Marylar	ad DATE				

death. Page 4 may be retained. The haspital ar attending physician.

To FUNERAL DIRECTOR: After this certificate has been signed by the Intending physician and Impletely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remaye corban papers. Pages 1 and 2 should be filled with the registror prior to burial, crematian, or removal, and in any event within 72 haurs after degitter. TENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours of TO HOSPITAL OF

VS A15 (4) 15M 9/5B

n



PHYSICIAN'S NAME (Type) 22c. BUR AL, CREMATION, 22b. DATE THEREOF

Burial (Specify)

22¢ NAME OF CEMETERY OR CREMATORY St. Aloysius

22d LOCATION (City, tawn, or county) Leonardtown.

(Stote)

23. FUNERAL DIRECTOR'S SIGNATURE

W.Clarke Mattingley

2/8/60

ADDRESS Leonardtown, Maryland 24a. REC'D BY REGISTRAR DATEFEB 1 1 160

24b REGISTRAR'S SIGNATURE arthur & House

Md.

DIRECTOR: may be reported by FUNERAL DIRE page 0 VS A15 (4) 1SM 9/SB

director

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attending

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per

burial

attending



24b. REGISTRAR'S SIGNATURE

Cilling S. Thousa

24g, REC'D 8Y REGISTRAR

DATE FEB 2 4 '60

and certificate be pllysician guipi death of Each Ŧ re llas lleen sigaad burial-transit permi physician. Ios Ileen sig attending certificate Ь may be retain the high the high retains a second page 3 shauld be detached

VS A15 (4) 15M 9/58

23. FUNERAL DIRECTOR'S SIGNATURE

W. Clarke Mattingley Leonardtown, Maryland



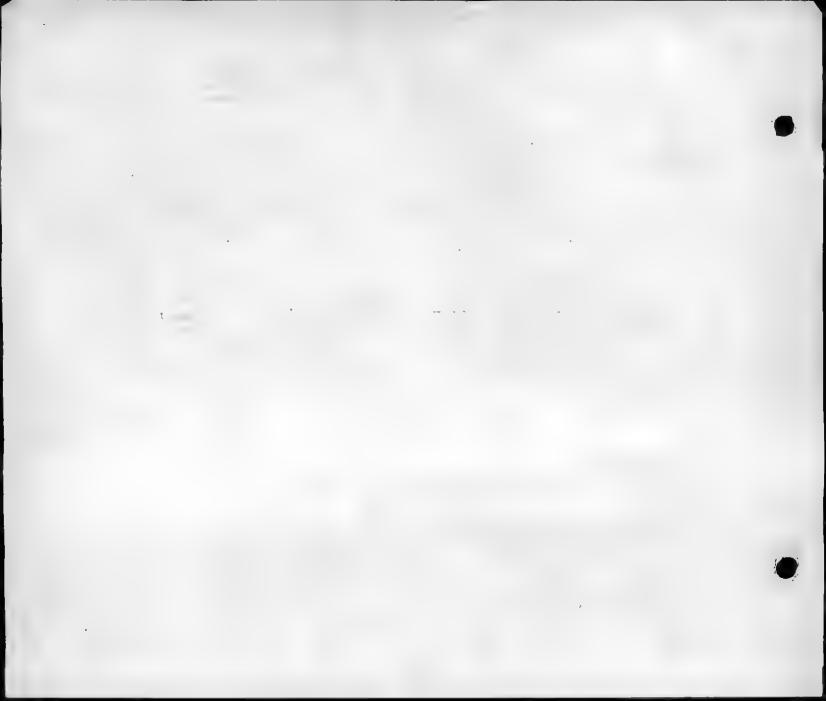
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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

		1.1.0	Reg. Dist, No.						
	I. PLACE OF DEATH	44%	2. USUAL RESIDENCE (Where deceased Eved. If institution: Residence before admiss an)						
i	St. Marva	MARYLAND	o. STATE Marvlahd	b. COUNTY St. Marys					
	b CITY OR TOWN (If outside corporate limits, write BUR) and give negreal town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corpora	ite limits, write RURAL and give nearest town)					
	Leonardtown		Hollywood						
/	d NAME OF HOSPITAL OR INSTITUTION (If not	in hospital, give street address)	d STREET ADDRESS	e 15 RESIDENCE ON A FARM?					
7	St. Marys Hospita	1	Rural	YES NO W					
	3. NAME OF First DECEASED	Middle	Lost 4. DATE OF	Month Day Year					
	(Type or print) Katheri		Hare DEATH	2 - 29 19 60					
	5. SEX 6. COLOR OR RACE 7.	MARRIED T NEVER MARRIED 8	DATE OF BIRTH 9.	AGE (In years IF UNDER 1YEAR IF UNDER 24 HRS out is indey) Months Days Hours Min.					
	Temarci Witte	DOWED DEVORCED	6/24/1923	36 m Monai Days 1000 Min.					
	100 USUAL OCCUPATION (Give kind of work done during most of working life, even it retired)	106. KIND OF BUSINESS OR INDUSTR	11. BIRTHPLACE (State or foreign coun	12. CITIZEN OF WHAT COUNTRY					
)	Housewife	Domestic	South Carolin	us a Usa					
	13. FATHER'S NAME		14 MOTHER'S MAIDEN NAME						
	Thomas Mul	gr - Marie and an arrangement of the second	Catherine Newe						
	15. WAS DECEASED EVER IN U. S. ARMED FORCES:	1	FORMANT	Address					
	no	Table 1	rnon Hare - Holl	ywood, Maryland					
	18. CAUSE OF DEATH [Enter only one couse pe PART I. DEATH WAS CAUSED BY:	r line for (o), (b), and (c).	6 - 0 -	ONSET AND DEATH					
	IMMEDIATE CAUSE (o)	loron	an oteluser	Olmmen					
	420. DUE TO	*							
	Conditions, if any, which (b) gave rise to immediate cause								
	(o), staling the underlying DUE TO								
		ONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL DISEASE CO	ONDITION GIVEN IN PART I(a) 19, WAS ALTOPSY					
	PART II, OTHER SIGNIFICANT CONDITION 200, EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CONTRIBUTION CAUSE OF DEATH			PERFORMED? YES NO M					
	206 DE PRIMARY OF CONTRIBUTING	SCRIBE HOW INJURY OCCURRED. (En	iler nature of injury in Part I or Port II of i	tem 18)					
		Tod INJURY OCCURRED Too MAC	E OF INJURY (Home, form, 20f. (City or	town) (County) (State)					
	Hour s. m.	While Not while foctor	ry, street, office bldg., etc.)	town) (Caunty) (State)					
	21. I certify that I taak charge of	the semains described above	re hald on Autoney [7] I tree						
	opinion death resulted from: Natural			ection 2. Inquiry 2. and in my					
	opinion decim resolved none. Note	indi cooses [], Accident [J. Undetermined manner					
	ACTUAL SIGNATURE	San	M.D. CHIEF MEDICAL EXAMINER	DATE SIGNED					
	SIGNATURE	74	ASSISTANT MEDICAL EXAMINER	3/1/60					
.g	EXAMINER'S NAME (Type) Wm. D. Boy	d. MD	DEPUTY MEDICAL EXAMINER						
	220. BURIAL, CREMATION, 276 DATE THEREOF	22c. NAME OF CEMETERY OR	REMATORY 22d. LOCATION	N (City, fewn, or county) (State)					
-	Burial 3/3/60	Occonee Me	morial Seneca	, South Carolina					
	23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	24a. REC'D BY REGISTRAR						
P.B. Robinson - Leonardtown, Md. DATE MAR 7 '60 C. Jun S. Flans									

VS. A15ME 5M 2/57

X



e. IS RESIDENCE

ON A SARM?

YES IN NO

Year

1960

Reg. Dist. No.

Manths

Marva

Day

Days

U.S.A

(County)

Ms.

IF UNDER 1 YEAR IF UNDER 24 HRS

Hours

INTERVAL BETWEEN OMSET AND DEATH

> WAS AUTOPSY PERFORMED?

YES NO I

(Slote)

DATE SIGNED

(Stole)

12. CITIZEN OF WHAT COUNTRY?

ADDRESS

22c. NAME OF CEMETERY OR CREMATORY

Mt. Zion

240. REGISTRAR DATE

24b. REGISTRAR'S SIGNATURE Ceremy S. Thous

22d. LOCATION (City, town, or county)

St. Inigoes.

2 VS A15 (4) 15M 9/58

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the the

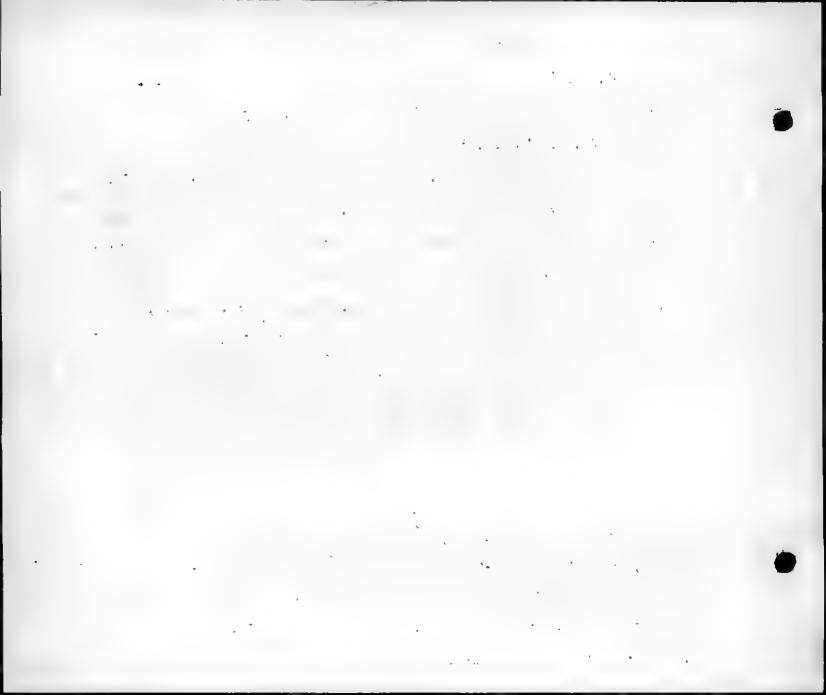
220. BURIAL CREMATION.

23. FUNERAL DIRECTOR'S SIGNATURE

Mt

Zion

W. Clarke Mattingley Leonardtown, Maryland



may be retain by the haspital or attending physician.

TO FUNERAL DE TOR: After this certificate has been signed by the ottending physician and completely filled in by funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registror prior to burial, cremation, or removal, and in any event within 72 harfs ofter death.

ATTENDING PHYSICIAN: The low requires that the death curtificate be executed within 24 hours after death. Page 4

TO HOSPITAL OR

VS A15 (4) 15M 9/55

\				244	, CERT	IFIC/	ATE OF E	DEATH	4		0 0	taa Bt-	HRE	1x4
1				744	· (d.		II a mani a mana					ist. No.		
	1. PLACE OF DE a. COUNTY		. Marys		MAI	YLAND		laryl.		l lived. If instituti b. COUNTY		Ma Ma		ion)
	b. CITY OR T RURAL and Leon	OWN (If o	utside carporate limi est town) COVII	ts, write	c. LENGTH OF STA	Y IN 1b	15	TOWN (IF o		rate limits, write R	URAL ond	give neo	rest fowr	1)
1				ive street	oddress)		,d. STREET A						e. IS RES	IDENCE
	d. NAME OF OR INSTIT	St.	Martys	losp	ital		/	Rura	1					KNO [
	3. NAME OF DECEASED (Type or print	1	Ignati		Samuel	-	Joy ,	Br.	4. DATE OF DEATH	Febr	uary	7 7	*	Yeor 10 60
ı	S. SEX		- The state of the		RIED NEVER MARI		8. DATE OF BIRT			9. AGE (In years				R 24 HRS.
	male	ľ	white	WIDOW			1/17/			last birthdoy)	Months	Days	Hours	Min.
	10a. USUAL OC	UPATION	(Give kind of work	done 105.	KIND OF BUSINESS	OR INDU	STRY 11. BIRTHPI	ACE (State	ar foreign co	ountry)	12. CI	TIZEN O	F WHAT	COUNTRY
		mina			arm owne		Me	ryla	nd			US	A	
	13. FATHER'S NA						14. MOTHER'S							
		Ge	eorge A.	Jov			Li	llie	Love					
	15. WAS DECEA	SED EVER I		CES? 16.	SOCIAL SECURITY N	0. 17. 1	NFORMANT			Add	ress			
	no.	, ,	per, gree war or doner or t	ervices		1	erasa I	Jo	v - E	lollywoo	d. I	/Id.		
		OF DEATH	[Enter only one co	use per li	ne for (o), (b) and (c							INTE	RVAL BE	TWEEN
	PAR	I. DEATH	WAS CAUSED BY:	1	Can	Lia	e an	cut-				ONS	ET AND	DEATH
	260		DUE TO		7.	Ψ								
	Condition			1	110	(ri.	Tel m.	elti	Tus			18	14	d.
	gove rise codse (o),		nediole (<u> </u>			-				1		1 =>
	lying cou		(0)										
	PART	II. OTHER	SIGNIFICANT CON	SMOITID	CONTRIBUTING TO D	EATH BUT	NOT RELATED TO	THE TERMI	NAL DISEASE	CONDITION GIV	EN IN PA	RT 1(o) 1	P. WAS	AUTOPSY RMED?
3	CAT								. 7					№ □
ľ	I ≈ I OR CONTRI	BUTING 🗀	UNDERLYING CAUSE OF DEATH	20b. DES	CRIBE HOW INJURY	OCCURRE	D. (Enter noture o	f injury in f	Port 1 or Port	II of item 18.)				
		NOTIFY MI	EDICAL EXAMINER											
	20c. TIME O Hour		**	20d. I While	NURY OCCURRED Not white	20e. PL	ACE OF INJURY I	Home, form bldg., etc.	20f. (City	or lown)	1	(County)		(Stote)
	WE	p. m.	19	at wo						1				
	21. I cert	ify that	I attended the	deceas	ed from 3-1	- LV	1966	2, to	7 Le	17, 1960	thot I	last so	w the	decease
	alive on.		ren	, 12_	in ond the	t death	occurred ot			the couses o		the dol		
	A COTTAIN	,	1	Q	LII A A					reet, city or town,	stote)			ATE SIGNE
	ACTUAL SIGNATURE	1.	ONLY	(,	dich		M.D	eone	rdtov	m, Md.		3	/8/	60
	PHYSICIAN NAME (Typ		Joesph E	. Gi	11, ND]	eona	rdtov	vn, Md.				
ĺ			226. DATE THEREC)F	22c. NAME OF CE	METERY O	R CREMATORY		22d. LOCAT	ION (City, town,	or county)		(State	0)
	Buri	31	2/10/6	0	St. Alo	vsi	s (old)	Lec	nardtov	m, l	Md.		
	23. FUNERAL DI			-	ADDRESS					RAR 24b. REGI			E	
1	P.B.	Rol	oinson -	Leo	nardtown	. Mc	1	DATE POR	D 4 4 10	A .	11.0 8	200	4	

CERTIFICATE OF DEATH 2445

Pag Diet No

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1 PLACE OF DEATH o. COUNTY					USUAL RESID	DENCE (Wh	ere deceosed	lived If institution		ice befo	re admis	sion)
St.	Mary's		MAJIWA	IIBEAS	Mary	rland			t. Mar	y¹s		
b C!TY OR TOWN (RURAL and give n	c LENGTH OF STAY IN	1 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)						n)			
Leonard			10 days		X Rura	1	Calif	ornia				
d. NAME OF HOSPI	TAL (If not in hospital, g	ive street	oddress)		d. STREET A						e. IS RES	SIDENCE
OR INSTITUTION	St. Mary's	Hos	pital									FARM?
3. NAME OF DECEASED	Fir	st	Middle		Last		4. DATE	A	Aonth	Do	зу	Year
(Type or print)	Erwin		Robert		Knitter	-	OF DEATH	Fehru	ary 16			1960
S. SEX		7. MAR	RIED NEVER MARRIED		DATE OF BIRTH		-	9 AGE (In year	IF UNDER		IF UND	ER 24 HRS
Mole		WIDOW			June 2	00 18	307	lost birthdo;	rs. Months	Days	Hours	Min
IVIALO	White	1	. KIND OF BUSINESS OR							IZEN O	E WHAT	COUNTRY?
during most of wor	king life, even if retired)						,,	1 -			
Flight T	est		Civil Service			W YO			U	. S.	. A.	
13. FATHER'S NAME					14. MOTHER'S	MAIDEN N	IAME					
?					?							
	R IN U. S. ARMED FOR (If yes, give war or dates of s		SOCIAL SECURITY NO.	INFO	RMANT			A	ddress			
(100,100,100,100,100,100,100,100,100,100	(it yes, give wat or collector a			Mrs.	Wargar	rita (J. Kni	tter, 0	alifor	nia	, Md	•
18. CAUSE OF DEA	ATH [Enter only one co	use per li	ine for (o), (b), and (c).]		7					INT	ERVAL BE	ETWEEN
1 1	PART I. DEATH WAS CAUSED BY ONSET AND DEATH											
1120	HARD DUE TO											
d links												
Conditions, if ony, which (b) fundading of the occurrence of the conditions of the c								33	PA/C			
couse (a), stating the under- DUE TO								\cup				
lying couse lost. (c)												
PART II OTI	HER SIGNIFICANT CON	DITIONS	CONTRIBUTING TO DEAT	H BUT NO	OT RELATED TO	THETERMI	NAL DISEASE	CONDITION	G VEN IN PAR	T 1(o)	9. WAS	AUTOPSY DRMED?
8												NO 🗆
PART II OTI	AS UNDERLYING	20b. DES	SCRIBE HOW INJURY OCC	URRED. (Enter noture of	injury in I	Port 1 or Port	fl of item 1B.)				
	MEDICAL EXAMINER)											
	RY Month, Doy, Yes				OF INJURY (I			or town)	{	County)		(Stote)
Hour D.m.	19	While		rocior	y, street, office	Diag., etc.	1					
7	at lattended the	deceas		Q		10	4.3		_			
alive on	016	, 1 <u>9</u> .	ea, and that d	eath a	ccurred at_	6:30	M, from t	he causes	and on the	e date		
	ADDRESS (Street, city or town, stote) DATE SIGNED											
ACTUAL SIGNATURE	1 To al	no	els	M.D	. Le	XI	A lon	~ Val	7 hr	/ .	2-	. 11/-6
PHYSICIAN'S	1 7.	0	/				,					
NAME (Type)	-WHTA	TK	101				Are 1 when with table with the					
220. BURIAL, CREMAT C		F	22c. NAME OF CEMETE	RY OR C	REMATORY		22d LOCATI	ION (City, low	n, or county)		(Sto	te)
REMOVAL (Specify) Burial	2-19-60		Ebenezei					ifornia			(2.0	
23 FUNERAL DIRECTOR			ADDRESS			24g PECT	D BY REGISTR		GISTRAR'S SI	GNATII	RE	
							2 4 '60		nthun S.	4 .	_	
W. Clarke	Mattinglev.	Lec	onardtown. Me	arvle	nd	DATE SOL	2 T 00		20 July 23 .	/ ULGAL	740	

may be retain the haspital ar attending physician.

TO FUNERAL DISCION: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 shauld be detached far use as the buriol-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be filled with the registror prior to burial, cremation, or removal, and in any event within 72 hours offer death. Jeoth. Pag≡ 4 ATENDING PHYSICIAN: The law requires that the deoth certificate be exemuted within 211 haurs of VS A15 (4) 1SM 9/SB

TO HOSPITAL OF

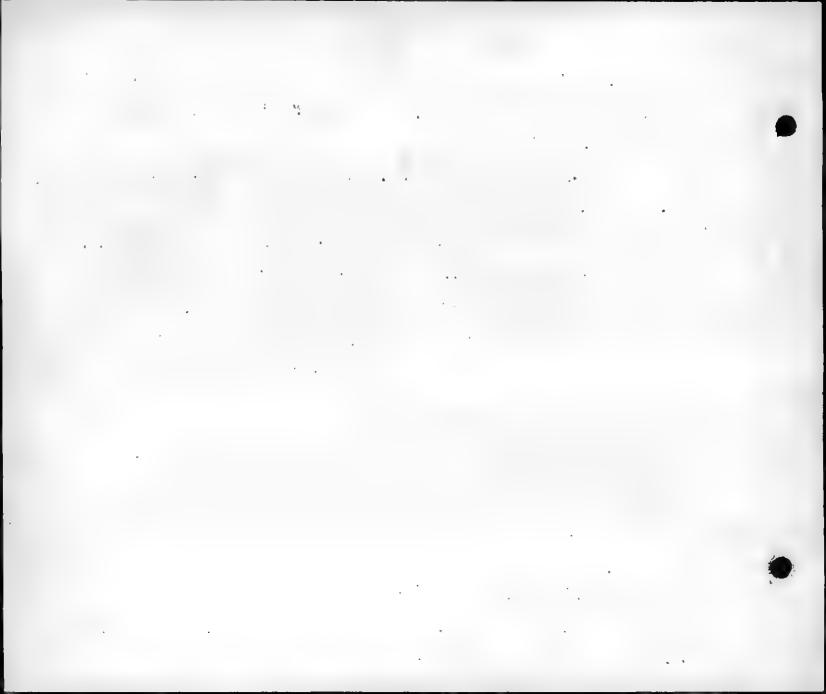
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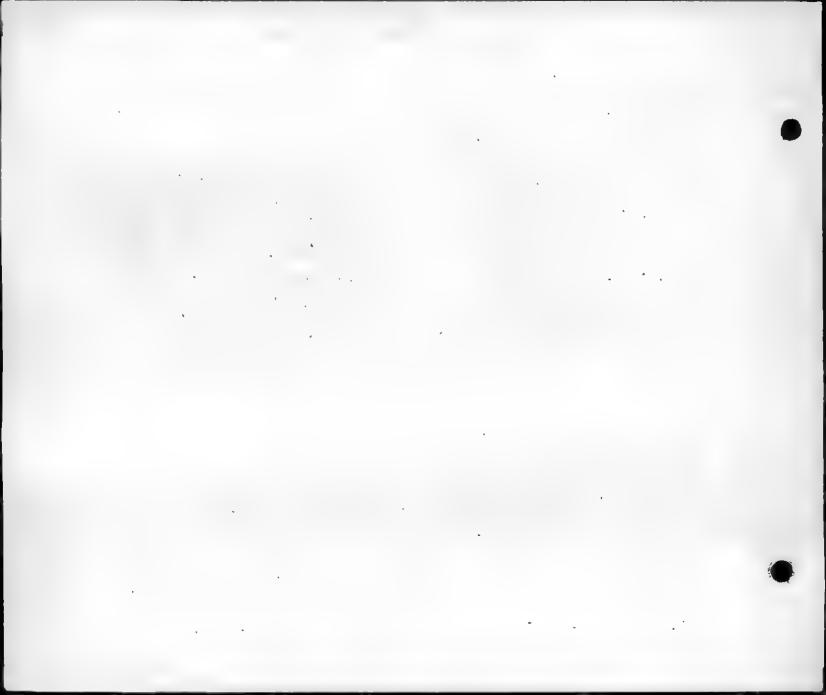


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TO HOSPITAL OF ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours of death. Page 4		TO FUNERAL DIRECTOR: After this certificate los lleen signed by the otter ling physician and completely filled in by the funeral director,	page 3 should be detoched far use as the buriol-tronsit permit. Then please remave corbon popers. Pages 1 and 2 should be filed with	
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TAL	moy be retainly the haspital or attending physician.	ALE	houl	the registror prior ta burial, cremotian, ar removal, and in any event within 72 haurs offer death.
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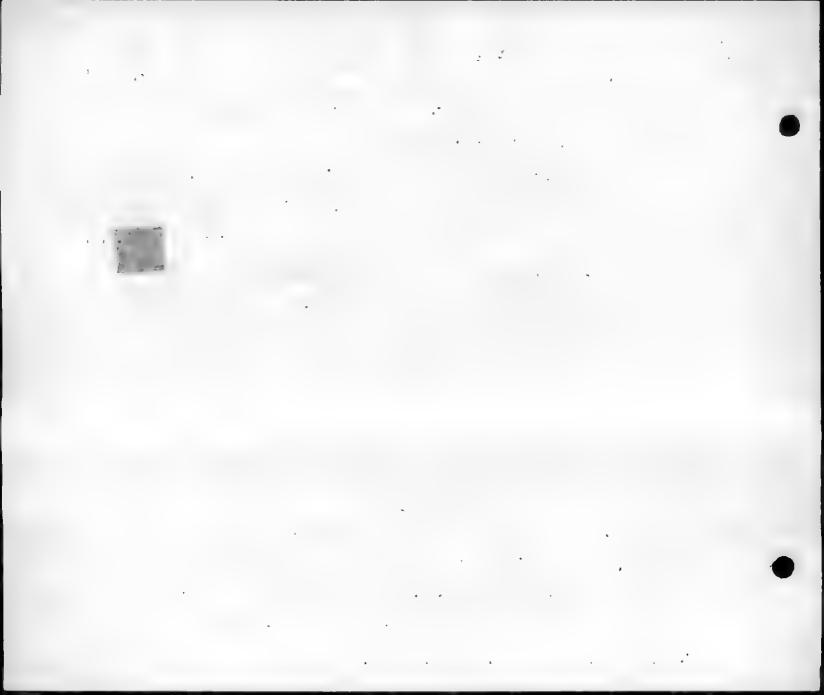
VS A1S (4) 15M 9/SB

	2440	CERTIFICA	E OF DEATH		Reg.	Dist. No.		
	7. PLACE OF DEATH O. COUNTY	MARYLAND 2	o. STATE Maryl	L.	COUNTY -	dence befor		ion)
	b. CITY OR TOWN (If outside corporate limits, write c. LENG	TH OF STAY IN 16	c. CITY OR TOWN (IF o				· -	1)
	RURAL and give nearest town) **REXEM** Leonard town 2	hrs.	X JStranianov	1		,		
THE PERSON NAMED IN	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION		d. STREET ADDRESS	1102		- K		IDENCE FARM?
1	St. Marys Hospital 3. NAME OF First	Middle	Last	4. DATE	Month	Da		Yeor
	DECEASED		tham	OF		20	4	
	5. SEX 6 COLOR OR RACE 7. MARRIED N		DATE OF BIRTH	1.00	In years IF UNI	DER I YEAR		141
	Male White WIDOWED		ugust 17.190		birthday) Manth yrs.	s Doys	Hours	Min,
	10a. USUAL OCCUPATION (Give kind of work done 10b, KIND OF				12 (CITIZEN OF	WHATC	OUNTRY
1	during most of working life, even if retired)	ore	Maryland	ł		U.S.A	A .	
):	13. FATHER'S NAME		14. MOTHER'S MAIDEN N	.,				
	Andrew Clarence Latham S	r.	Jane Celes	ste Matti	ngly			
:	15 WAS DECEASED EVER IN U. S ARMED FORCES? 16. SOCIAL SI		ORMANT		Address			
	N■ 213-12-	-0795 Alea	tha I. Lath	am Heler	n. Maryla	ind		
	1B. CAUSE OF DEATH [Enter only one couse per line for (o)	(b), and (c).	- 1	7.0	(4	INTE	ERVAL BE	TWEEN
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	erebro 1	ascular	accedo	ut Yh	autos	up	
	4 2 2 / DUE TO		0 (1		1 10	4.
	Conditions, if any, which) (b)	very 5	elliote	cev	ans		10	yri
	gave rise to immediate cause (a), stating the under-						′	
	lying couse lost. (c)							
)	PAM II. OTHER SIGNIFICANT CONDITIONS CONTRIBU	TING TO DEATH BUT NO	OT RELATED TO THE TERM!	nal disease cond	ITION GIVEN IN F	ART 1(0)	PERFO	RMED?
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTED 200 ACCIDENT WAS UNDERLYING [] 20b. DESCRIBE HOT OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	W INJURY OCCURRED.	(Enter nature of injury in I	Part Car Part II of its	em 18.)			
į	3 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OC	CURRED 200. PLAC	E OF INJURY (Home, form	, 20f (City or town	7)	(County)		(State
i	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OC While Not of work of work of work	White	ry, street, office bldg., etc.	300				
	21. I certify that I attended the deceased fram	-1/-	1950 to X	26 29	, 19 60 ,that I	last say	v the d	ecense
	alive an +26 2 9 1960	_ /	ccurred at 10 A		-			
	(120)	y dia oca in o	,	ADDRESS (Street, city		,,,,		E SIGNE
	ACTUAL STOY Tuy The	M.I	D.					
/	1/2:00	NA D	•					
	PHYSICIAN'S J. Roy Guy Thes	/VI.D.	Hechs	nicsville	Marylo	nd		
	220 BURIAL, CREMATION, 22b. DATE THEREOF 22c. NA	ME OF CEMETERY OR	CREMATORY	22d. LOCATION (C			(Stole	e)
		t. Joseph's		Morganza			yland	L
		DRESS			24b. REGISTRAR'S			
-	W.Clarke Mattingley Leonardtow	n, Maryland	DATEMA	R 7 '60	arthur	a. Than	A	



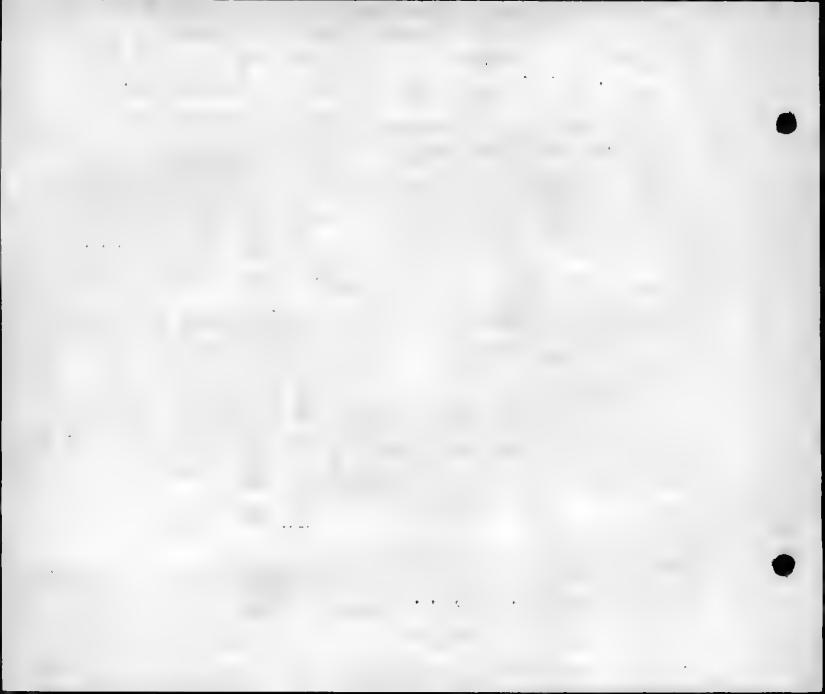


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E	PLACE OF DEATH		97.7						Reg. Dis		- 4-5-2		
]1.	o. COUNTY					2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission) e. STATE b. COUNTY							
-	St. Mary's MARYLAND				'		rland		St.	Hary			
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)				c. CITY OR I	OWN (II)	outside car	porole limits, write	KUKAL ONG	Sive neore	si town)		
\vdash	Leonardto			Life		ral	Lec	nardtown					
	St.	Mary's Ho		spital, give street oddress)	d. STREET AL	DRESS				1	IS RESIDENCE ON A FARM?		
3.	NAME OF	Fir		Middle	Lost		4. DATE	Month		Day	Year		
	DECEASED (Type or print)	Barbar	n		Martin		OF DEATH	February	. 2	3.	19 60		
5.	SEX			ED NEVER MARRIED	B. DATE OF BIRTH			9. AGE (In years	IF UNDER 1		JNDER 24 HRS.		
F	emale	White	WIDOWE				1956	lost birthday] ス yrs.	Months D	kays Ho	urs Min.		
100	. USUAL OCCUPATIO	N (Give kind of work	1	CIND OF BUSINESS OR INDU	STRY 11. BIRTHPLA	E (Stote	-//-		12. CITIZ	EN OF W	HAT COUNTRY?		
Ι΄	during most of working	Hre, even it relired			1	larvl	end		11.	S.A.			
13.	FATHER'S NAME				14. MOTHER'S N					₩ 811 B			
		Walter Ma	rtin		KKEKK	Ent	hrvn	Stauffer					
	WAS DECEASED EVE	R IN U. S. ARMED FO	RCES? 16.	SOCIAL SECURITY NO. 17.	INFORMANT	A C.	7.1	Address					
110	s, no, or unknown)	if yes, give war ar dates of	service)			F	ather						
	18. CAUSE OF DEAT	H [Enter only one cou	se per line	for (o), (b), and (c).] "						INTERVAL	BETWEEN		
	PART I. DEAT	WAS CAUSED BY		Pneumonia						ONSET AN	D DEATH		
	493 Y DUE TO												
	Conditions, if ony, which) the												
	gove rise to immediate cause												
	(o), storing the underlying DUE TO												
CERTIFICATION	PART II. OTHE	R SIGNIFICANT CON	DITIONS CO	ONTRIBUTING TO DEATH BUT	NOT RELATED TO T	HE TERMI	NAL DISEAS	E CONDITION GIVI	N IN PART	1(a) 19. W	ERFORMED?		
	20g. EXTERNAL CAUS PRIMARY D or CON' CAUSE OF DEATH.	SE WAS TRIBUTING [] 20	b. DESCRIBI	HOW INJURY OCCURRED.	(Enter nature of inju	ry in Port	i or Port II	of item 18.)					
MEDICAL	20c. TIME OF INJURY	Month, Day, Yea			ACE OF INJURY (He	me, form,	20f. (City	or town)	{Coun	ity)	(Stote)		
WED	Hour o.m. p.m.	19	While of wo	Not while to	.iory, sireer, officer a	offic air-)							
	21. I certify the	at I taak charge	af the r	remains described ab	ave, held an /	lutapsy	30 , 1	nspection ,	Inquiry	, [], a	nd find that		
	death resulted	fram: Natural	causes [. Accident . St	icide 🔲, Ho	micide	□, ∪	ndetermined co	ause 🔲.	_			
	ACTUAL	The carlos	25/	ella		DICAL EX	AAAINED 🖂			DA	ITE SIGNED		
	SIGNATURE	- IN CERCER	1	Carry .			L EXAMINE	0.75		2/	23/60		
	EXAMINER'S NAME (Type)			tty, M.D.			XAMINER [
220	BURIAL, CREMATION REMOVAL (Specify)		F	22c. NAME OF CEMETERY O	R CREMATORY		22d. LOCA	TION (City, town, o	r county)		(Stote)		
	REMOVAL (Specify) Burial	2/26/60		Mennonite				ville,		Nd.			
	FUNERAL DIRECTOR'S			ADDRESS		4a. REC'D	BY REGIST		TRAR'S SIGI				
W	.Clarke Ma	ttingley L	onaro	itown, Marylan	nd	PATEFE	8 2 6 'E	30 av	ihur S. 1	ricus			

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



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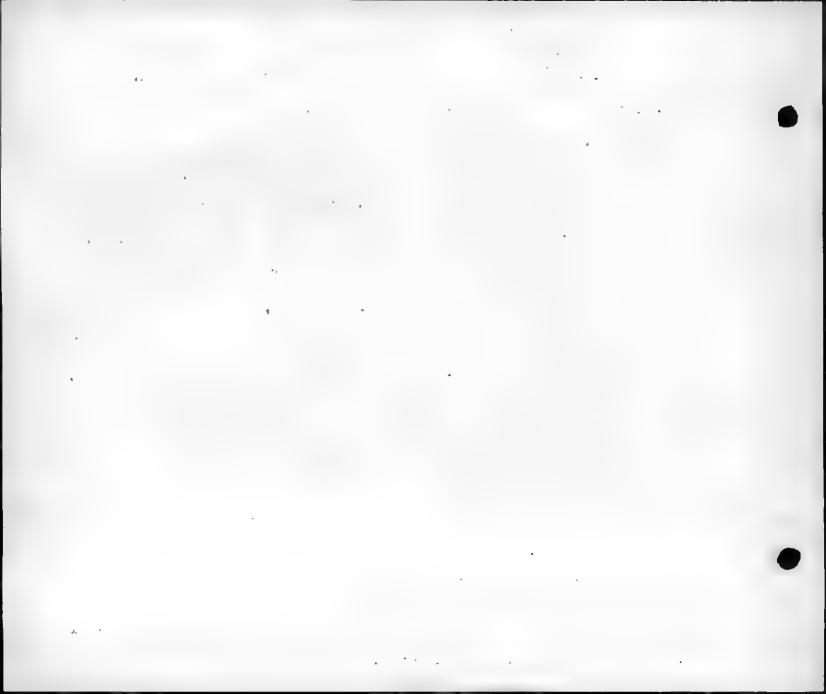
CERTIFICATE OF DEATH

02450

	244	0	- Calcini						R	eg. Dist. N	ło.	
1. PLACE OF DEATH o. COUNTY	St. Mary's	9	MARYLAN	LI .	usual residence o. STATE Mar	٠ _	_	lived (finst b. COU		Residence be		ussion)
B CITY OR TOWN I	(If outside corporate limi searest town)	ts, write	c. LENGTH OF STAY IN 1	Ь	c. CITY OR TOWN		itside corpor	ote limits, wri		_	nearest fo	wn}
			6 days		Bushwo				1	Rural	1	
OR INSTITUTION	St. Mary's				d. STREET ADDRES	S					ON	RESIDENCE I A FARM?
3. NAME OF DECEASED (Type or print)	Fia F1c	fenc	Middle		Parr		4. DATE OF DEATH	Feb.	Month		Day	Yeor 19 60
S. SEX			HED NEVER MARRIED	7 B. D	ATE OF BIRTH	-		9 AGE (In ye	ors IF		-	DER 24 HRS
Female	Colored	WIDOW	4.5	-	arch 2,18	95		lost birthde		onths Day	s Hour	rs Min
10a. USUAL OCCUPATI during most of wor HOU:	ON (Give kind of work rking life, eyen if retired BO WIFE	done 10b	kind of Business or in	1DUSTRY			or foreign co x, Mar			U.S.		TCOUNTRY
13. FATHER'S NAME		L		1-	6. MOTHER'S MAIDE			V				
	/ 33				Mary F	10:	rence	Scribe	r			
TS. WAS DECEASED EVI	ER IN U. S ARMED FOR		SOCIAL SECURITY NO	INFO	RMANT				Address			
(es, no, or unknown	(If yes, give war or dates of s	es. Alical		St.	Mary's H	0.81	nital			4		
- 1	ATH [Enter only one co	1	(c), (b), ond (c).	701						10	NSET AN	BETWEEN DEATH
Conditions, if			en extive	· h.	eent o	(:	てごり	e			30	143
gove rise to couse (o), stoting lying couse lost.	the under- DUE TO		8									
PART II OT	HER SIGNIFICANT CON	DITIONS C	CONTRIBUTING TO DEATH	BUT NO	T RELATED TO THE TE	ERMIN	NAL DISEASE	CONDITION	GIVEN	IN PART 1(o	PER	AS AUTOPSY FORMED?
E 200 ACCIDENT WORK CONTRIBUTING	AS UNDERLYING G CAUSE OF DEATH Y MEDICAL EXAMINER)	206 DESC	CRIBE HOW INJURY OCCU	RRED (E	nter noture of injury	r in P	ort I or Port	II of item 1B.	.)			
20c. TIME OF INJUI Hour o. m. p. m.	RY Month, Doy, Ye	or 20d. It While of worl	Not white	PLACE foctory	OF INJURY (Home, , street, office bldg.,	form, etc.)	20f. (City	or town)		(Count	ly)	(State)
21. I certify the	hat I attended the	deceas	ed fram	160	, 1955, to	FI	163	<u> </u>	O the	at I last so	aw the	deceased
alive an/	rc626	., 19	and that de	gth oc	curred at				and a	on the do	ate stat	
ACTUAL SIGNATURE	evil	1-	ecute	M.D.				and the state of the				
PHYSICIAN'S NAME (Type)	Len	4	Berte	4	Me	che	nicsy	ille,	Mar	yland		
220. BURIAL, CREMATIC	ON, 22b. DATE THEREC)F	22c. NAME OF CEMETER	Y OR CR				ION (City, to			(\$	itote)
BUT181	2/29/60		Sacred Hear	rt			Bushw	ood.		Mary	land	
23. FUNERAL DIRECTOR	R'S SIGNATURE		ADDRESS				BY REGISTI			AR'S SIGNA	JURE	
W.Clarke M	lattinglev I	eona	rdtown. Marv	land	DATE	MA	R 2 '6	0	Cith	NT 8. 76	DAME!	

TO HOSPITAL ON TENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours of path. Page 4 may be retained, the hospital or attending physician.

TO IUNERAL DIRECTOR: After this certificate lian been signed by the offending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 should be filled with the registrar prior to burial, crematian, or removal, and in any event within 72 hours ofter death.



9.F.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 2457

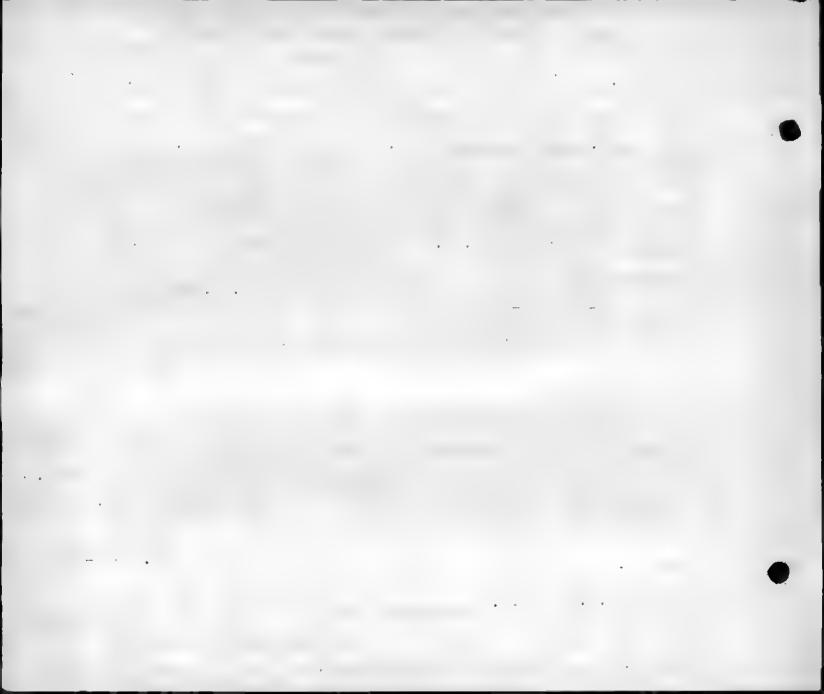
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

02451

					Keg, Ditt. No.					
1.	PLACE OF DEATH o. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission)							
	St. Mary's	Land b. county	St. Mary's							
	b. CITY OR TOWN (It outside corporate limits, write RURAL and give negrest lewn)	URAL and give nearest fawn)								
	Lexington Park									
Г	d. NAME OF HOSPITAL OR INSTITUTION (If not in hosp	itol, give street address)	d. STREET ADDRESS	ngton Park	e. IS RESIDENCE ON A FARM?					
	Willow Rd. near W. Re	nnell Ave.	451 (Chinlee Dr.	YES NO K					
3.	NAME OF First DECEASED (Type or print) Arnold	Middle Frederick	RY AN	4. DATE Month OF Febru	23 1960					
5.	SEX 6. COLOR OR RACE 7. MARRIED	NEVER MARRIED [] B.	DATE OF BIRTH		FUNDER TYEAR IF UNDER 24 HRS.					
- 1	Male Caucasian WIDOWED		23 January	1939 24 yrs. [Months Days Hours Min.					
10	b. USUAL OCCUPATION (Give kind of work done 19b. Ki during most of working life, even if retired)	ND OF BUSINESS OR INDUST	RY 11 BIRTHPLACE (State	or foreign country)	12. CITIZEN OF WHAT COUNTRY?					
	Aviation Electrician	U. S. Navy	Massachi	usetts	USA					
	FATHER'S NAME		14. MOTHER'S MAIDEN N	IAME						
	Joseph Ryan			0'Brien						
15	. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. S									
	Yes 10-53 to 2-60	033 26 2005	USNAS, Pa	tuxent River	, Maryland					
	18. CAUSE OF DEATH [Enter only one cause per line for	or (a), (b), and (c).]			INTERVAL BETWEEN ONSET AND DEATH					
П	PART J. DEATH WAS CAUSED BY: Seve	re Internal	Injuries,	Chest, Abdomer						
	, DUE TO									
	Conditions, if any, which) (b) Tra	uma								
	gove rise to immediate couse (0), stating the underlying DUE TO									
П	couse last. (c)									
N Q	PART II, OTHER SIGNIFICANT CONDITIONS CON	NTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMI	NAL DISEASE CONDITION GIVE	N IN PART 1(a) 19. WAS AUTOPSY PERFORMED?					
3					YES NO					
CERTIFICATION	1PRIMARYALISON CONTRIBUTING (T)	HOW INJURY OCCURRED. (E	nter noture of injury in Port	Lor Port It of item 18.)						
- 1	CAUSE OF DEATH. Ran of	of road emba	nkment at	apparent_exc	essive sneed					
MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. IN	IJURY OCCURRED 20e. PLAC	E OF INJURY (Home, form ry, street, office bldg., etc.	. (20f. (City or town)	(County) (State)					
A.E.	1:30 No Feb 23 160 of world	Not while RO		Lexington Pa	ark,St.Mary's,N					
Н	21. I certify that I took charge of the re	emains described abar	re, held an Autops	/ H. Inspection X.	Inquiry , and find that					
П	death resulted fram: Natural causes	, Accident 📆 Suic	ide 🔲, Hamicide	, Undetermined ca	iuse .					
	ACTUAL J. H. MILLER, III, I	T MC USNR U	SNAS Patux	ent River, M	d. 2-23-60 CICNED					
	EXAMINER'S NAME (Type) W.D.BOYD.M.D.	3 mlm)	ASSISTANT MEDICAL I	_	2-24-60					
32	REMOVAL (Specify) 2/26/60	12c. NAME OF CEMETERY OR	CREMATORY	22d. LOCATION (City, town, or Lowell,	County) (Store) Massachusetts					
23	FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	24a. REC'I	D BY REGISTRAR 24b. REGIST	RAR'S SIGNATURE					
	Robert T. Morse 122 Prince	ton Blvd.Lowel	1 Mass DATE	FEB 2 6 '60 C	Inthuy & trans					

VS. A15ME(5) SM 9/55

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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VS A15 (4)

15M 9/58

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